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WRNMMC Patient Among First in U.S. to Receive New Pain Relief Device



Lindsay Lasky, a representative from Medtronic, the company that makes a neurostimulator, speaks with the patient during a surgical procedure to adjust settings on the device which will control her pain.



Photos by Sharon Renee Taylor

Army Lt. Col. (Dr.) Richard Liu and Dr. David Jamison implant a neurostimulator under the skin of Air Traffic Controller 2nd Class Staci Gelb's lower back to control pain in her legs. She is among the first patients in the U.S. to receive a device with new technology that enables patients like her to obtain a full body-scan with the device.

By Sharon Renee Taylor
WRNMMC Journal
staff writer

Petty Officer 2nd Class Staci Gelb can put on her socks again, this time without pain. The Sailor assigned to Walter Reed National Military Medical Center (WRNMMC) was among the first patients in the U.S. to receive a device that offers new possibilities of therapeutic care for patients with chronic back or limb pain.

Gelb said the neurostimulator helps relieve her pain due to Multiple Sclerosis, an autoimmune disease that affects the brain and central nervous sys-

tem, a pain so unbearable, putting her socks on in the morning was excruciating.

"It's a constant burning. It's just like somebody has a blowtorch on my feet, 24/7," said Gelb, who lived with pain and limited mobility for about a year since her diagnosis. After Dr. David Jamison, an anesthesiologist with the Pain Management Clinic at WRNMMC, tried a variety of more conservative measures to alleviate her pain, Gelb participated in a trial for the new device in May.

On Aug. 8, Jamison, along with Army Lt. Col. (Dr.) Richard Liu, director of the Pain Management Clinic, and Navy Cmdr. (Dr.) Michael Jacobs, implanted a

neurostimulator, a medical device the size of a stopwatch, under the skin of Gelb's lower back to deliver mild electrical impulses to the nerves around her spinal cord, which act to block pain signals from going to the brain. Once the device programmed by a clinician, Gelb was provided a handheld controller similar to a cell phone. Used to customize the stimulation within a range of settings, she adjusts the device as her pain increases or subsides throughout the day.

Until now, patients with neurostimulators could not receive full-body magnetic resonance imaging (MRI), a standard of diagnostic care for major health conditions

like cancer and stroke, according to Donna Marquard, a spokesperson for the company which developed the new device. The large magnetic fields and radio frequency energy involved in MRI could cause harm to the patient and cause the device to malfunction. These reasons prohibited patients with neurostimulators from obtaining full-body MRIs without complete removal of the device, she said. Without access to full body MRI, a patient could risk delayed diagnosis or inaccurate identification of a serious health condition.

According to Jamison, patients with the device are often more likely to

need MRIs. The device Gelb received will enable the Sailor to undergo a full-body MRI scan without removal, after placing the neurostimulator in an appropriate mode for the MRI environment, Marquard explained. Gelb received the new device on the same day her MRI was originally planned. She obtained a brain MRI on Sept. 11 and a cervical spine MRI two days later, with her new neurostimulator firmly in place. "Both occurred successfully without any difficulty," Jacobs reported.

Gelb said her pain has improved "tremendously" with the new device. "I

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Commander's Column

We do three things at Walter Reed Bethesda (WRB): Accomplish our mission; take care of each other; take care of our Families. MISSION/PEOPLE—good leaders find ways to do both.

It is very good that the furlough and government shut-down are over. It is also very good that Congress passed legislation which included that our civilian employees impacted by the furlough would be paid for this time. Thank you to all of our WRB Team for continuing our special mission and the extra efforts made to take care of each other during this trying time.

Just after I joined Walter Reed Bethesda, I asked our directors to canvas their people and provide feedback in the following areas: what should we sustain and what should we improve as we accomplish our mission and take care of our people; what should be our priorities; and what are our opportunities. I found this feedback very helpful and thank Lt. Col. Ian Lee and our Operations Innovation Team for collating and summarizing this valuable information into what is considered most important to us. The most often mentioned topics were: Excellence/Patient Experience; Communication/Engagement; Staffing Alignment with mission; Recognition/Appreciation; Morale; Education; Clinic Accountability to the Business of Healthcare; and Taking care of each other. What is important to our people always is helpful. We will be talking more about these areas and will incorporate this feedback into our Foundations and Pillars for FY14 and beyond. Please think about this — what we do matters. Your thoughts are appreciated.

Last week we recognized several of our wonderful people during our Quarterly Recognition Ceremony. I was impressed by the diversity of the contributions of these outstanding individuals and the diversity of their backgrounds and experiences. Memorial Auditorium was nearly full. We should fill it next quarter — those who were not there missed a special SAY THANK



YOU event. Command Master Chief Terry Prince, David Rohrbaugh, our civilian representative to our Board of Directors and I led the recognition of the following members of our Team. Blue Jacket: HN Larissa Lemke; Junior Sailor: HM3 Devante Valmont; Sailor: HM2 Christopher Nunez; Senior Sailor: HM1 Jason Young; NURSE PRECEPTOR: 1st. Lt. Amanda Kress; Junior Officer: 1st Lt. Christopher Reyes; Junior Officer of the Year: Lt. William Walders; Junior Civilian: Michelle Thomas; Senior Civilian: Kevin Allen. Please take a moment to congratulate these great folks.

Oct. 20-25 is Pharmacy Week and Pastoral Care Week. There are unsung heroes among our great WRB team. Please take a moment to SAY THANK YOU to our great pharmacy and pastoral Team members. These great folks truly do the “ordinary with the conviction of its immense importance” every day.

Parking. “We more often need to be reminded than we need to be taught.” Samuel Johnson. We must and will take a PATIENT CENTERED approach to parking, as we do in all things. Our policy is simple and clear: “Only patients park in patient parking. Staff park only in staff parking.” Please remind each other.

One final note: CMC Prince and I had the privilege of joining our OB-GYN Team as they celebrated the 95th birthday of Ms. Ora Shaver. Ms. Shaver began volunteering in the early 1940s before joining our Navy as a Nurse Corps Officer and serving in the Iwo Jima, Guadalcanal, and New Caledonia campaigns — truly an incredible patriot. She has been a Red Cross volunteer for decades. Thanks to all of our great Red Cross volunteers for what they do every day; and Happy Birthday to Ms. Shaver!

Please be as proud of who we are, what we do, and most importantly, how we do it, as I am to serve with you. As always, thank you for all you do and may God bless.

Brig. Gen. Jeffrey B. Clark
MC, USA
Director,
Walter Reed National
Military Medical Center

Bethesda Notebook

Breast Care Center Open House

The Breast Care Center at Walter Reed Bethesda will host an open house tomorrow from noon to 3 p.m. in the America Building, third floor. There will be educational vendors as well as entertainers and refreshments. For more information, call Barbara Ganster at 301-295-6338.

Flu Shots Available

Staff and beneficiaries at Walter Reed Bethesda can receive the flu vaccine now through tomorrow from 8 a.m. to 4 p.m. in Building 9, first floor near Radiology. You must bring your military ID, staff badge or Common Access Card (CAC). For more information, call Walter Reed National Military Medical Center Immunizations at 301-295-5798.

Staff Talent Show

Resiliency and Psychological Health Service is sponsoring a staff talent show on Wednesday from noon to 1:30 p.m. in the America Building lobby. Staff members interested in performing are encouraged to call Vivian Murga at 301-295-6516 or Sgt. Fallon Mitchell at 301-400-1965.

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Walter Reed Bethesda Salutes Motivators, Providers of Rehab, Care

By Bernard S. Little
WRNMMC Journal
staff writer

"Without physical therapy I wouldn't be able to walk, run, work out or have range of motion in my muscles, and I'm very thankful for it," said Army Staff Sgt. Travis Mills, one of only five quadruple amputees from the wars in Iraq and Afghanistan to survive his injuries.

During a break in running laps inside the Military Advanced Training Center (MATC) at Walter Reed National Military Medical Center (WRNMMC) on Monday, Mills said, "I don't use my wheelchair very much, and it's awesome."

The Soldier was critically injured on April 10, 2012 by an improvised explosive device while on patrol during his third tour of duty in Afghanistan.

"From having no arms and no legs to walking again and barely using a wheelchair in a year and a half, I couldn't have asked for anything more," said Mills, who not only appreciates being able to walk again, but more so to be able to hold his toddler daughter, Chloe. The sergeant also snowboards, swims, water-skis and rides a bicycle.

"The most rewarding aspect of the physical therapy profession is watching patients progress through each milestone of physical rehabilitation to reach their ultimate goal of minimal discomfort and independent mobility," explained Cmdr. Henry McCracking, assistant specialty leader, Navy Physical Therapy and assistant chief of the Physical Therapy Service at WRNMMC.

National Physical Therapy Month, celebrated during October, recognizes the roles physical therapists (PTs) and physical therapist assistants (PTAs) play in restoring and improving motion in people's lives. This year's theme for the observance is: "Move Forward PT."

"Targeted therapeutic exercise and hands-on care comprise most of what we do," said McCracking. "This year's theme [for the month-long observance] encompasses a couple of the most basic themes of care in physical therapy," he explained. "The first is movement. The overarching goal of physical re-



Photo by Gail Cureton, Army Northern Regional Medical Command

Army Capt. Bradley M. Ritland, physical therapist, observes Marine Cpl. Garrett J. Carnes walking over small hurdles during a physical therapy session in the Military Advanced Training Center at Walter Reed National Military Medical Center in 2012.

habilitation is to restore, as much as possible, normal painless, functional movement. We like to make progress, or 'move forward' [with the patient] as early as day one. In addition to improved mobility, there are enormously positive psychological benefits associated with greater physical independence and less discomfort."

Between the four sections of the physical therapy service at Walter Reed Bethesda, there are approximately 5,500 patient encounters each month, according to the Navy commander.

Whether you are a wounded warrior, living with diabetes, recovering from a stroke, a fall or a sports injury, a physical therapist is a trusted health care professional who will work closely with you to evaluate your condition and develop an effective, personalized plan of care, McCracking explained. "A physical therapist can help you achieve long-term results for many conditions that limit your ability to move," he said.

McCracking added, "Nowhere is the practice of patient-centered care exemplified better than in the PT clinic." He explained PTs and PTAs are partners with patients throughout their journeys to restore and maintain motion so they can function at their personal best.

"Our highest profile group of patients is wounded warriors," McCracking continued. "These brave men and women have sustained com-



Photo by Dan Gross

Ritland (left) a physical therapist at Walter Reed Bethesda, works June 13, 2011 with Marine Sgt. Adam Jacks of Ohio, who lost his right leg when a roadside bomb exploded in Afghanistan.

plex injuries, some with multiple limb amputations. Their rehabilitation is intense and necessitates the closely coordinating efforts of a multidisciplinary team of providers including orthopaedic physicians, the Prosthetics and Orthotics Clinic, occupational therapy, case managers and many others."

He went on to explain, inpatient PTs provide acute care to patients who are hospitalized for a myriad of conditions. The traumatic brain injury team of PTs works with patients who have sustained not only musculoskeletal injury and physical dysfunction, but also mobility impairments stemming from neurological conditions such as those associated with head injuries. The outpatient physical therapy section treats patients with conditions typically associated with low back pain, knee pain, sprained ankles and more. "We also provide restorative care for patients following orthopaedic surgery," McCracking said.

The care PTs and PTAs provide includes therapeutic exercise, functional training, deep soft tissue massage and physical modalities such as electrotherapy and ultrasound. PTs and PTAs may also provide instruction in exercise, proper body mechanics and other injury prevention and wellness topics.

Army Capt. Bradley Ritland, chief of the PT amputee section at Walter Reed

Bethesda, attributes the success of patients' rehab to the patients themselves, especially those injured on the battlefield. "They're motivated to get back," said the captain. He added it is that motivation that makes his job rewarding and attracted him to military physical therapy.

Following a successful course of care in PT, patients benefit from an enhanced quality of life, McCracking added. "This is achieved by minimizing pain and discomfort associated with limited functional ability and maximizing physical potential. Patients are then able to perform work duties more easily and participate in activities they enjoy, such as sports."

"You definitely see results on a daily basis," said Ritland, who explained a number of service members who have sustained major limb amputations, following care which has included PT, remain on active duty and some have returned to combat operations.

"They put up with our attitudes, they deal with our mood swings and they teach us to be human again," said retired Marine Corps Staff Sgt. Johnny Jones, who received care at WRNMMC after stepping on a roadside bomb while on patrol in Afghanistan in 2010.

The physical therapy profession and military have a long collaborative history and legacy of providing world-class patient care, McCracking explained.

"The first PT school in the United States opened in 1914 at the former Walter Reed Army Hospital in Washington, D.C. after 'rehabilitation therapy' was found to help injured Soldiers returning from World War I," he said. "The people who were employed to provide care to the injured patients were actually nurses named 'reconstruction aides.'"

"An outbreak of poliomyelitis in the 1920s further increased demand for newly trained physical therapists," McCracking said. "Massage, exercise and traction were hallmark practices of physical therapy in the 1940s. Until the 1950s, physical therapy was performed only in hospitals. It was not until the late 1950s that physical therapists started treating patients in an outpatient setting."

He said physical therapy practices in the neuromuscular area expanded significantly during the 1960s with the development of techniques for adults with stroke, cerebral palsy and other disorders of the central nervous system.

"Throughout the 1970s and 1980s physical therapy became more specialized, such as orthopaedic and cardiopulmonary physical therapy," McCracking continued. "Today, the profession is focused on providing evidence-based interventions in many different practice settings across several subspecialty areas," he concluded.

Safety Tips for a Happy Halloween

By Ryan Hunter
NSAB Public Affairs
staff writer

As children and adults alike prepare themselves for Halloween night, they should keep in mind the potential dangers of late night activities.

"Halloween is not your typical night," said Naval Support Activity Bethesda (NSAB) Safety Manager Jim Gantz. "It's important that everyone, participants and residents alike, is aware of it."

Picking a Costume

Ensuring a safe and enjoyable Halloween experience should start with costume selection.

Costumes that include facial coverings have the potential to obstruct vision and create a myriad of problems. Experts at the Center for Disease Control and Prevention (CDC) recommend

"wearing well-fitting masks, costumes and shoes to avoid blocked vision, trips and falls."

Gantz advises against wearing masks all together if possible. "Face paint and make-up are better than plastic hard shell face masks, because they allow for a full complete field of vision completely unobstructed."

Children and adults planning to wear dark costumes should take steps to make themselves more visible at night.

"I know it sometimes detracts from the aesthetics of the costume, but it's always safest to put some sort of reflective material on it," said Gantz. "Anything that would shine back in the eyes of a driver or anyone else would certainly help." He noted that many stores selling costumes also carry brightly colored armbands or reflective tape that is minimally invasive. During Hallow-

een, many houses are decorated with open flames from candles and Jack-o-lanterns that may ignite costumes. Experts at the CDC advise trick-or-treaters to never walk near lit candles or luminaries. Gantz agrees, and suggests that those looking to purchase a costume should ensure that it is flame retardant. "Most costume stores sell flame retardant products; usually it's clearly printed on the packaging."

Traveling at Night

Trick-or-treaters, who are planning to knock on doors, should stick to familiar areas.

"Stay in the neighborhoods where you know your way around," Gantz said. He also recommends traveling in groups or with others who are familiar with surrounding areas.

"Parents should know at See HALLOWEEN page 8

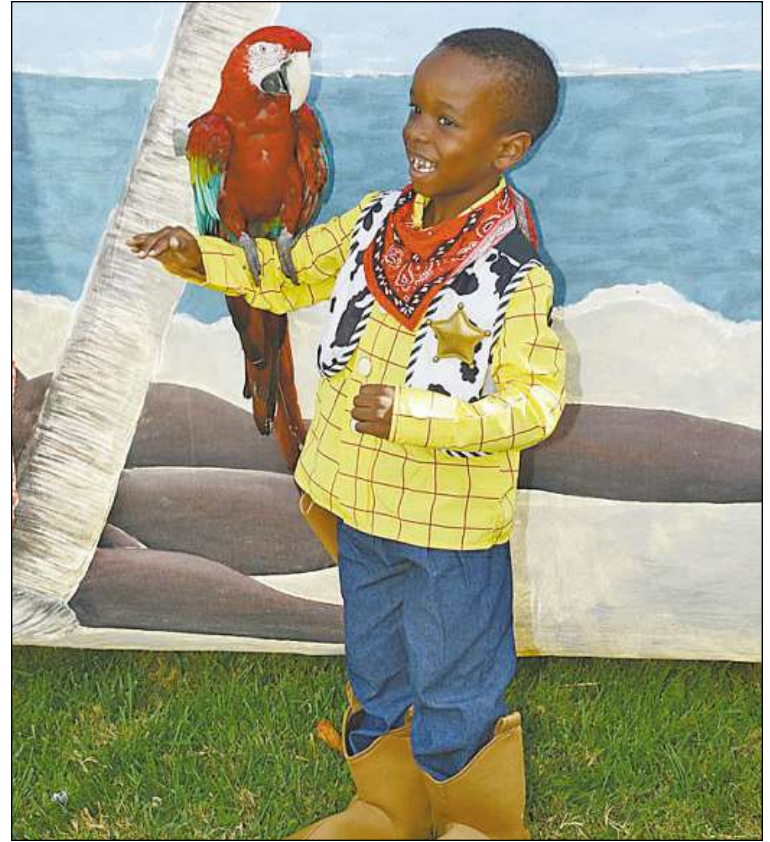


Photo by Mass Communication Specialist 2nd Class Nathan Parde

Jahree Murphy, 5, acts as a perch for a parrot at the Morale, Welfare and Recreation Fall Fest last year.



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Healthy Halloween Eating Can Still Be Sweet

By Robert Goldberg
Dietitian, Walter Reed
National Military
Medical Center

It's that time of year when kids pick out their costumes and adults break out the candy.

Keeping Halloween candy on hand to give out on Oct. 31 is almost unavoidable (unless you opt to turn off your home lights and pretend you aren't there). During this time of year, if you are health conscious, it can be challenging because the temptation of candy can sometimes be too great to resist.

One effective strategy is making the sweets available only when they need to be. In other words, purchase candy the day of Halloween (or the day before) and then the day afterwards, get rid of the leftovers.

If this is not an option, there are better candy choices, many of which are related to a smaller portion



size. A "Fun Size" candy bar with chocolate, caramel, peanuts and nougat contain 160 calories and 8g of fat, while the regular size of the same chocolate nougat contains 250 calories and 12g of fat. Look for the smaller portion candies, which may include names like "Fun Size," "Snack Size," and "Miniatures."

It can also be a good idea to choose lower fat/lower cal-



Courtesy photos

orie candies. Some candies that fall into this category (on a per serving basis) would be mint and fruit-flavored hard candies, chewy gelatin candies, marshmallow based candies and licorice, just to name a few. These are going to be mostly sugar based candy, without the added fat. That being said, always try

to have a smaller portion.

Some additional "healthier" options would be dark chocolate covered raisins and cherry raisins, reduced sugar granola bars, dark chocolate covered nuts, dark chocolate covered strawberries and yogurt covered raisins. Dark chocolate contains heart healthy flavonoids and pea-

nuts contain heart healthy monounsaturated fat.

It is possible to continue to eat healthy during Halloween, it just takes a little planning and extra work.

For more information concerning healthy eating, call Walter Reed Bethesda's Nutrition Services Department at 301-400-1975.

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Fall Festival Brings Family Fun for Everyone



Visitors at the Morale, Welfare and Recreation Fall Festival held at Walter Reed Bethesda had the opportunity to ride in a mule-driven hayride last year and will again on Saturday.



Mason, son of Chief Master-at-Arms Marty McQuagge, Naval Support Activity Bethesda, repels from the side of a rock face at last year's Fall Festival.

By Mass Communication Specialist 2nd Class Nathan Parde
NSAB Public Affairs staff writer

A free fall festival will bring activities for people of all ages in an event hosted by Naval Support Activity Bethesda's (NSAB) Morale, Welfare and Recreation (MWR) department Saturday.

"Last year's MWR Fall Fest was a success, and we are hoping for the same this

year," said NSAB's MWR Marketing and Events Coordinator Ed Kenny. "We like to hold events such as the Fall Fest so that we can bring the family out to enjoy time together, as well as participate in events with clowns."

The Fall Fest last year had a Halloween theme, but this year's event will be focused more on live entertainment, said Kenny.

"There will be three blues bands featured throughout the day, as well



Photos by Mass Communication Specialist 2nd Class Nathan Parde

Madison Mims, 4, daughter of Chasity Mims of Walter Reed Bethesda's Physical Therapy Department, takes a flying leap from the Moon Bounce at last year's Fall Festival.

as an acapella vocal group and a professional dance troop," said Kenny. "It's not entertainment that you'll see every day."

Anyone with base access is invited to attend, he added. Weather permitting, the Fall Fest will be held in Parking Lot Z, on the backside of the base. There will be signs and traffic attendants to guide

people to the site, said Kenny. The event is scheduled to kick off at 11 a.m. and continue until 2:30 p.m.

"There will be something for everyone: blues music, food concessionaires and a beer garden, moon bounces, a hayride pulled by mules, face painting, clowns making balloon animals and so much more," said MWR

Marketing Director Jenny Charlson.

Charlson encourages anyone who has the afternoon free to come out and enjoy the festivities.

"It will be a perfect fall day to spend with family and friends, with good food, great music and tons of fun! Hope to see you there!"

NSAB Parking Changes Make Way for New Construction

By Mass Communication Specialist 2nd Class John K. Hamilton
NSAB Public Affairs staff writer

Hospital staff onboard Naval Support Activity Bethesda (NSAB) in possession of red parking placards, may have noticed the recent changes to "G" Lot.

Preparations are currently underway for a six phase construction plan that will add temporary medical buildings to the lot. Once these buildings are in place, they will allow construction to begin on Walter Reed National Military Medical Center without limiting the medical services that the hospital currently provides.

"The hospital CMP (Comprehensive Master Plan) construction project was put together to help redesign portions of the hospital that were not deemed world class," said Ryan Emery, transportation program manager for NSAB. "This



Courtesy Graphic

An artist rendering of the new additions to Walter Reed National Military Medical Center, scheduled to be completed in 2020.

includes Buildings 2-8 minus Buildings 3 and 5. The plan is to tear down those buildings and build a new one in the middle of it. [The new building will feature]

a new admin and medical space. A nice new auditorium, to replace memorial auditorium, will also be added.

"To do this they have to keep the hospital running,"

added Emery. "They can't just gut the middle of the hospital and close things down, which have clinics operating in those buildings."

Lt. Cmdr. Roy Ranglin,

Defense Health Agency lead project officer for the CMP project, assures there will not be any decrement in the services of medical treatment for the medical center's patients. "The same amount of current clinical space will be available in the temporary building," said Ranglin.

"The plan is to build a 100,000 square foot temporary building in "G" Lot, added Ranglin. "What you see going on right now is the first 10,000 square feet of that building which will house the Naval Dosimetry Center. In the beginning of 2015 or late 2014 the other 90,000 square foot building will be installed. That will house all of the occupants of Buildings 4, 6 and 8."

The first phase of construction began Saturday and will continue until March 11, 2014. This phase closed off the main entrance and opened a new entrance

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WRNMMC Blood Services Passes FDA Inspection

By Sharon Renee Taylor
WRNMMC Journal staff writer

The Food and Drug Administration (FDA) completed a successful regulatory compliance inspection of Blood Services at Walter Reed National Military Medical Center (WRNMMC) in September.

The 21-day review conducted from Aug. 19 through Sept. 9, scrutinized thousands of pages of Blood Service documents which included standard operating procedures, quality control forms, donor interview cards, blood product deviation notifications, tracking and trending charts, transfusion records, computer functions and employee training folders.

Two inspectors conducted the intense evaluation of all three entities within the Blood Services, which includes the Transfusion Service, Immunohematology Reference Laboratory and Armed Services Blood Bank Center (ASBC).

"At ASBC, on the donor center side, we collect blood, and on the transfusion side we basically provide the blood products for transfusion for the ORs [operating rooms], the wounded warriors coming back from overseas ... as well as the clinics and the wards that need blood products," explained Army Lt. Col. Robert K. Pell, chief of WRNMMC Blood Services, and director of Clinical Laboratory Education and Training. He said, the Blood Service also supports three different programs in its teaching mission to provide blood bank training.

The ASBC collects blood products to support Walter Reed Bethesda, Fort Belvoir Community Hospital in Virginia, along with blood quotas that go out to deployed facilities in combat zones, according to Pell. He explained Walter Reed Bethesda transfuses about 7,000 blood-related products a year at the medical center.

"The inspectors left with



Photo by Photo by Cat DeBinder

Hospital Corpsman 2nd Class Diana Candelaria, laboratory technician in Walter Reed Bethesda's Blood Bank, interprets blood type results.

a new appreciation and heartfelt respect for the noble missions performed here every day," Pell said.

Capt. David M. Larson, deputy commander for Clinical Support Services, explained what the recent FDA inspection meant for patients at Walter Reed Bethesda.

"The staff of highly dedicated professionals at the

Walter Reed Bethesda Blood Services work hard every day to support patients who may need blood transfusions in the course of their hospitalization. With the results of the recent FDA inspection, the patients and staff of Walter Reed Bethesda can feel confident that the blood products they receive are of the highest quality," Larson said.

About 120 staff members work in the transfusion service and donor center, located at Walter Reed Bethesda. Pell explained the staff is always preparing for a review and inspection; the Blood Service staff anticipates an upcoming evaluation by the College of American Pathologists, between now and December, for reaccreditation. The FDA inspection generally recurs every two years. The Blood Service passed its first inspection as a joint facility a year ago, and earned accreditation with the American Association of Blood Banks (AABB).

The Joint Commission also reviews the Blood Service as part of its hospital-wide evaluation, Pell said. The medical center successfully completed its first survey by the Joint Commission March 2012, which evaluated the hospital's quality of health care and efficiency of administrative procedures, leading to its full accreditation.

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Photo by Mass Communications Specialist 2nd Class John K. Hamilton

Halloween costumes should be flame retardant, easily visible at night and should not obstruct vision or mobility.

HALLOWEEN

Continued from 4

all times where children are," Gantz stressed. "Younger children should be directly supervised by at least two parents, one in the front and one in the rear to make sure no one strays from the group or lingers in one place too long."

Older children who plan to trick-or-treat alone should make sure their parents know their plans for the night.

"They should leave some sort of itinerary, detailing who they are going with and where they are going," said Gantz.

Families at NSAB can participate in safe trick-or-treating activities without having to leave the safety of the base. The sixth annual Parade of Children will be held Halloween afternoon in Building 62. This event will include a pumpkin patch tour and treat gathering opportunities for children of all ages. For more information, contact Warrior Transition Brigade member Linda Rasnake at 301-400-0251 or via email at Linda.k.rasnake.civ@health.mil.

Dealing with Traffic

During Halloween, drivers should be just as cautious and alert as trick-or-treaters. According to experts at the AAA Foundation for Traffic Safety, Oct. 31, between the hours of 4 p.m. and midnight, is the

most dangerous time of the year for pedestrians.

"There are a lot more kids out and about that night," said Gantz. "So drivers need to assume that there are trick-or-treaters in their neighborhood and should be prepared for them."

Drivers should be especially vigilant against behind the wheel distractions.

"Don't be distracted by your cell phone or anything else when you're driving. Drive slowly and make sure that you can see what's around you," said Gantz.

The CDC experts advise pedestrians going out at night to walk on sidewalks and use established crosswalks whenever possible. If walking on the street is unavoidable, the organization recommends walking on the far edge of the road facing traffic. They also stress that, regardless of position on the road, those active at night should, always walk, not run, from house to house.

Sorting treats

After children have filled their bags and buckets with treats, parents should inspect every piece of candy before it is consumed. Since many of these candies are donated by strangers, the CDC experts advocate, avoiding homemade treats and instead only consuming factory-wrapped ones. Even after store bought candy has been identified, it should be inspected again, "to make sure the packaging is sealed tightly and that there are no slits or openings," said Gantz.

Deer Crossing



Photo by Ryan Hunter

Three adult deer run past the Navy Exchange Parking Garage during morning rush hour. In fall, deer populations are typically more active and motorists on base should proceed cautiously in anticipation of their presence. Be on the lookout especially during dawn and dusk.

Service Dog Promotion



Photo by Ryan Hunter

Therapy dog, Archie, sitting with his handlers (from left to right) Hospitalman Apprentice Madeline Shepard, Hospital Corpsman 2nd Class Aaron Lance and Hospitalman Apprentice Stephan Robinson, after being promoted to the rank of Marine Staff Sergeant on Oct. 3. Archie is the only German Shepherd in the Facility Dog Program and has accrued more than 3,000 hours visiting with patients at Walter Reed National Navy Medical Center.

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Photo by Sharon Renee Taylor

Walter Reed Bethesda doctors placed this medical device the size of a stopwatch under the skin of the patient's back to deliver mild electrical impulses to the nerves around her spinal cord which act to block pain signals from going to the brain.



PAIN

Continued from 1

don't have that blowtorch feeling anymore," she explained. The pain she now feels is tolerable. "It's basically cut in half," Gelb said. "I can deal with this."

Before the neurostimulator, the Sailor would wake up nearly a dozen times a night in pain, by the slightest movement in bed. With the new device she can sleep, she said. Life has changed for Gelb and her family.

Family outings to the movies, the mall or routine trips to the grocery store became less frequent over the last year due to Gelb's limited mobility and pain. Her husband Stuart, 17-year-old son Jonathan, and 14-year-old daughter Ariel did most of the household chores.

She said her family was helpful and patient, even when she lagged at a slower pace behind them. Less than a week after receiving the neurostimulator, Gelb and her family went grocery shopping. "We were all moving together," she said. "It was really nice."

Jamison said he began treating Gelb using conservative measures before the neurostimulator, examining her medications and exploring other options to help control her pain. The anesthesiologist estimated he has implanted 300 neurostimulators in patients over the last six years, many with both leg pain and persistent pain following back surgeries.

"We've seen a lot of injured Soldiers with chronic pain. The most common is some sort of nerve pain, whether it's a back surgery that hasn't healed right or caused by some other trauma," said Jamsion, citing fragmentation injury from explosions along with gunshot injuries.

The anesthesiologist said he's treated a wide range of patients at WRNMMC, including a wounded warrior who used injections to reduce his chronic costochondritis, a type of chest pain. The neurostimulator resolved 100 percent of the Sailor's pain.

"The MRI capability is the most significant development that's happened with neurostimulator technology in about 20 years. Before now, if a patient needed an MRI for anything, they can't get it unless they had surgery to have their neurostimulator removed first," explained the anesthesiologist. "It's a big deal."

PARKING

Continued from 7

where the bollards use to be. This will bring utility lines in and as they continue to work, additional parking changes will occur.

"G' Lot is designated for hospital staff holding a red parking placard. As construction continues, some of those people will have to move to other parking lots such as the Multi Use Parking Structure (MUPS) which is also a red parking area," said Emery. "One thing to keep in mind is that this is not a total loss of the lot. This particular phase of construction, at the height of it, will take less than half of the spaces. But, it will still be enough that some people will have to park elsewhere."

330 spaces will be available at the end of the first phase and 107 will be lost. Once phase two of the modular unit project begins, more parking will be lost. However, Emery stated, the parking plan that was put in place in March will accommodate the losses.

"There will be some impact as people are accustomed to parking in certain areas, but there will be availability in the MUPS garage," said Emery. "The installation has done work to make sure these changes will not be as impactful as they could be and the contractor on this program has been very accommodating – working their plan to make sure they take as few parking spots as necessary."

For the people that are impacted and are looking for other options, the transit benefit program is available for active duty and civilian staff members.

"You can receive up to 240 dollars per month with the transit benefit program and it gives [commuters] the opportunities to get on things like the Metro, commuter busses and MARC trains," said Emery.

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